10	69	0	pul	346
- /	/	7	10	
ull.	4	1	U	8.

1. PLACE OF DEATH		82-2	
County St Massa		Registration Dist. No. 23	1
Village or City	Stown	No. St many Hospital St.	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street	
6.2	death occurred	sy.ds. How long In U.S. If of foreign birth?yrs	
2. FULL NAME	Comis Glan.	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usua) place of abode)	St., Ward.	and Cons
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
3, SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male 1. 1. T.	OR DIVORCED (write the word)	nor 9	, 193.7
5a. If marriad, widowad, or divorced	linge	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I atta	nded dacaased from
		1937 to MY	7, 19.3.7.
6. DATE OF BIRTH (month, day, and year)	lug 11,/882	I lest saw here eliva on 19.	37; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
55 2	28 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causas of Importanca ware as follows:	Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER.	L		
SAWYER, BOOKKEEPER, atc	Varmer	Cerebral remove hage	11/9,37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceesed last workadet	11. Total tima (years)	-	
this occupation (month and 10 year)	937 spent In this 6		
Bana	7 n:00	Other Coutributary Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	nd	Carlothenad	(0 1 . 25
13. NAME William	Bean	1/2 to	
13. NAME William 14. BIRTHPLACE (city or town)V.A.	The Rose	Name of operation	
(State or country)	ma	What test confirmed diagnosis? Was there	
15. MAIDEN NAME HEAD TO HE	- Conda		
	a G mos	23. If death wes due to externel causes (VIOL ENCE) fill in also the foll Accident, suicida, or homicide? Deta of injury	
E (Stata or country)	-la-d	Na 1144 1	
en h		Whare did injury occur? (Specify city or town, county an Spacify whather Injury occurred in INOUSTRY, in HOME, or In PUBLI	d State)
17. INFORMANT (Address)	grand mad	- Specify material injury occurred in the both ti, in nome, of in tobe	o i choc.
18. BURIAL, CREMATION, OR REMOVAL	3—	Mannar of Injury	
Placa St. Groves ameli	Oata Nor 11 1937	Nature of Injury	
10 Happer Jam C M.	Atia . C.	24. Was disease or injury in any way related to occupation of decassa	
19. UNDERTAKER (Address) Roman and	town mid	If so, spacify	
1 9 74	Alx. 20	(Signed) PAR	M. D.
20. FILEO (19.7	Local Registrar.	(Addrass) Quest milly kind	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes - Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago MAN CONTAIN Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

	County	3/1/2/	Mar	Me		7.	Registra	tion Dist. No.	283
	Village or C	ity Old	MI	MI		No		St	t. War
	Length of rasi	dence in city/or	fown where	daafh/occurred 6		death occurred in a horpit			t and number)
2.	FULL NA	ME	Mis	TYPOS	1/ 10/197	d-			
	(a) Residen	ce: No.	len	ulls		St. Ward	d.		
	DEBCON	AL AND		(Usual place				ident give city or tow	
• CF3				ICAL PARTI			CAL CERTIFICA	TE OF DEAT	r H
3. SEX	Male	1. COLOR O	R RACE		RIED, WIDOWED, D (write the word)	21. DATE OF D	EATH MAN	27	, 193 7 (Year)
5a. If	married, widow HUSBAND of (or) WIFE of	nally	mile	N -		22. //o/ HE	REBYCERT	15X, Just 1 atts	indad deceased f
6. DA	TE OF BIRTH	month, day, and	(vaar)	mu 27-	- 1875	l lasf saw h AM al	192 , fo.	5 19	37 : death is
7. AGI			Months	Days	If LESS fhan	fo have occurred on the	dafe stafed above, at	7 //	, udatii 13
7	6:	2	5	1 0	1 day,hrs.	The PRINCIPAL CAUSI ware as follows:	E OF DEATH and related	causes of importance	
40	8. Trade, profas kind of w SAWYER,	sion, or parficu vork done, as S BDDKKEEPER,	PINNER 7	farmer	/	Chronio	Munacu	ditin	Data of on
OCCUPAT ALL	9. Industry or work was SAW MIL	business in whi done, as SILK L, BANK, atc	MILL.					****** 3	
00	Date dacasse fhis occup	ed lasf worked pation (month a	at nd / 9 3	S spar	ime (years) nt in fhis				
12. B1	RTHPLACE (cit	1	Show	Lugo,	Md.	Other Cantributory Cau	ses of importance:		
¥ 1:	(Sfate or cour	ntry)	0,16	Mass	di-	allers	Elemens		7
	4. BIRTHPLACE	(city or fown)		~4	W.	Nama of operation		Data	of
	(State or	counfry)	-//	MALO	0.0	What tasf confirmed dia	gnosis?	Was than	a an au¹opsy?
	5. MAIDEN NA	ME	01	1/M	S. Comments of the second	23. If death was due to e	xfernal causes (VIOL ENC	E) fill in also the foli	lowing:
0 10	6. BIRTHPLACE (Sfate or		(11	MANY	<i>f</i>		miclda?	Dafa of injury	, 19
17. IN	FDRMANT	amy	al	Boud	<i></i>	Where did injury occurs Specify whether injury o		ty or town, county and n HOME, or in PUBLI	d State) C PLACE.
18. BU	(Address)/ JRIAL, CREMAT	OR REMD	yab Yab	Mari	ina in	Manner of injury			*****
	Placa 201	13211	144	Date////	d.7, 19 & 7	Natura of injury			
19. UN	DERTAKER		THO	MARCH	<i>'</i>	-	y in any way related fo or	ccupation of dacaasac	57 TV
	(1 11/1/11	IANU IFT IN	VI WILL		If so, specify	11 11	1	

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Date of onset	The principal cause of death and related causes	Date of opent
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
S		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12156
1. PLACE OF DEATH	
County ST Margs	Registration Dist. No. 284
Village or City Oravielo	No. St. Ward
(In Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
NA	ds. How long in U.S. if of foreign birth?mosds
2. FULL NAME / Curay Juryon	(Busroughe)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED, ("write the word) Whith White	21. DATE OF DEATH You (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of alice of ong	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) / 86/-	I last saw how alive on 7, 9 // AM 1997 : death is sei
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 15.10Pm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc.	with flying
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
year) free occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Musy a Count	Other Contributery Causes of Importance.
(Stete or country)	
14. BIRTHPLACE (city or town) At 9 mg launt	
14. BIRTHPLACE (city or town) STYNIGO COUNT	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME And Daugho 16. BIRTHPLACE (city or town) It Marks by	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7 90 10	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / CL S OLIVINO (Address) Brandle	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Strong Date 20 ac 1,193	Nature of injury
19. UNDERTAKER Elever Tolks	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED Don 30, 19 3 7 June John Registrar.	(Signed) And Lynch M. D. (Address) Wolder
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
(17 1 1 1 1 1 1 1			1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAL	7.		
Other contributory cause of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	822
County Allmaryn	Registration Dist. No. 28 Y
Village or City Revolution	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurred	yrsds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Albert file	If U. S. Veteran, specify WAR
	Ton PD St. Ward.
(a) Residence: No. Julias Kouth fit	Taranta de la casa de
PERSONAL AND STATISTICAL PARTI	MEDICAL CERTIFICATE OF DEATH
	RRIED, WHOOWED, 21. DATE OF DEATH Of Christ the word) (Month) (Oav) (Year)
5a. If married, widowed, or divorced	(month) (vay) (real)
HUSBAND of Cor Harris Burney	22. HEREBY CERTIFY, That i attanded deceased from
Garlering 1- 1810	Qcf 25, 1927, 10 how 2,5, 1937
6. DATE OF BIRTH (month, day, and year) Interne	i last saw h. And alive on
7. AGE Years Months Days	If LESS than to have occurred on the date stated above, atm. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
63	ormin. ware as follows:
8. Trada, protession, or particular kind of work done, as SPINNER,	Up of left Cestral how to
SAWVER ROOKKEEPER atc	
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date dacaased last worked at this occupation (month and	I time (years) pent in this cupation #
, /	Other Centributery Causes of importance:
(State or country)	1932
13. NAME Wellington Alar	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) I. Moseff	What test confirmed diagnosis? Was there an autopsy? The
15. MAIDEN NAME I find wor	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) f	Accident, suicide, or homicide?
17. INFORMANT Cathering Gara	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Constant 18, BURIAL, CREMATION, DR REMOVAL	+ 1h
Piace Il alorgen Coralla tate 10	Mannar of Injury
100	Natura ot injury
19. UNDERTAKER NOTE CO ME AS LINES	24. Was disaase or injury in any way related to occupation of deceased? PTD
(Address) Homersdlvary	If so, spacify fy
20. FILEO MW: 27, 1937 7 a. Came	alee (Signad) I deline the M.
	Registrar. (Address) . The Latter Latter Latter Latter

N. B.—WRITE PL. LY, WIT mation should be carefully

EL AD. Every item of infor-PHYSICIANS should state

IS A PERMANENT REStated EXACTLY. I

MARGIN RESERVED FOR BINDING

AGE should be

supplied.

CAUSE OF DEATH in plain terms, so that it may

of OCCUPA.

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12. BIRTHPLACE (city or tow (State or country)

15. MAIOEN NAME

(Address)

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

17. INFORMANT.

19. UNOERTAKER (Address)

FATHER

MOTHER

MARGIN RESERVED FOR BINDING

state

STATE OF MARYLAND	-CERTIFICATE OF DEATH 12159
1. PLACE OF DEATH	Registration Dist. No. 28/
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James Floyd (a) Residence: No. (Usual place of abode)	If U. S. Veteran, specify WARSt.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of HUSBANO of	21. DATE OF DEATH (Month) (Oay) (Year) 1 HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1925) 11. Total time (years) spent in this	I last saw h elive on , 19 , death is seid to have occurred on the dete stated above, at 7 P m.

occupation ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Neme of operation_

Neture of injury

If so, specify (Signed) ...

Where did Injury occur?

(Address)

What test confirmed diagnosis?_____

Accident, suicide, or homicide?

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or town, county and State)

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	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis DEC 0 100.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	BUNG			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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MRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	from should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.	S S S S S S S S S S S S S S S S S S S
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52)
County Vi way S	Registration Dist. No. 286
Village or City (16	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. il ol foreign birth?yrsmosds.
2. FULL NAME Avantelin Sil	olocut, U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m multinalis	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Whis Subsection	22. I HEREBY CERTIFY, That I ettended deceased from
C DATE OF PIRTH (month day and man) 3 - 9 3 - 59	I lest sew h alive on (, 1937; death is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trade, profession, or particular	were of follows: Date of onset
kind of work done, es SPINNER, White SAWYER, BOOKKEEPER, etc.	
9 Industry or husiness in which	Carring II
work wes done, as SILK MILL, SAW MILL, BANK, etc	The common in soft Common
and added better (month and	tive tissue Dirating Power years.
year) occupation	Other Contributory Causes of Importance:
12. BtRTHPLACE (city or town) 1 un grade	
(State or country)	Cul april
14. BIRTHPLACE (city or town) A' un clear	06,1935
14. BIRTHPLACE (city or town) N' un cual	Neme of operation Date of
(Siele of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME/ LUCIDA CALLOCE 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In elso the following:
	Accident, suicide, or homicide? Dete of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (1) Dete (/ - (0 - , 19 5)	Nature of injury
19. UNDERTAKER W. C. un alling (Address)	24. Was disease or injury In any wey related to occupation of deceesed?
11 1 0 0 0	(Signed) TANA Colonia M.D.
20. FILED 19-1, 1934 A Calletter Registrar.	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. 1 4 F D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 7 19 7	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	200	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	- WAR
County It marin	Registration Dist. No. 281
Village or City Levnard Town	No. If St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (va fooddard,	If U. S. Veteran, specify WAR
(a) Residence: No. AT Mary Colfes. (Usyal place of aboyle)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 30 (Month) (Day) (Year)
5a/Af married, widowed, or divorced	
HUSBAND-of (or) WIFE of 4	22. HEREBY CERTIFY, That I ettended deceased from
Joseph Commission of the Commi	1 8 137 10 120 1937 1937 1937 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h 42 elive on 12 elive on 1937; death is said to have occurred on the date stated above, at 5218 m.
7. AGE Years Months Days If LESS than 1 day,	
	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hurdenal Ulan OVI
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	with herosation
work was done, es SILK MILL, SAW MILL, BANK, etc	- & Ochtonilis
10. Date deceased lest worked at this occupation (month and 20 year) 11. Total time (years) spent in this occupation 20	
12. BIRTHPLACE (city or town) Great mills	Other Contributory Causes of Importance:
(State or country) md.	Hefatilin
13. NAME Grank Wheathy	
13. NAME Sunch Wheathy 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death wes due to external couses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Sushand Ma ,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace It penes Conclear Date 2 , 193	Nature of Injury
19. UNDERTAKER TOEX . Rahinson .	24. Was disease or injury In any way related to occupation of deceased?
(Address) Dameran Md.	If so, specify
20. FILED Registrat. Registrat.	(Signed) Little 1210 M.O. (Address) Levels devices devices had

CAUSE OF DEATH in plain terms, so that it may tion should be carefully supplied. RITE PL

PHYSICIANS should state D. Every item of infor-

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MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

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TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis JAN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA. WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be matten should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County St Marys	Registration Dist. No. 28(
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME William Hayden	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surge	21. DATE OF DEATH (Month) (Dey) (193 7 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, day, end year)	liast saw harman alive on
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated ebove, at
33 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month and seems).	Cerclino spinal syphilis Oct 1936
10. Dete decessed lest worked at this occupation (month and 1936 11. Total time (yeers) spent in this 4 occupation 12. BIRTHPLACE (city or town) 13. Signature 14. Signature 15. Signature 15. Signature 16. Sig	Other Contributory Couses of Importance:
1 Ald	
F (3)	
[State or country]	Neme of operation Dete of
15. MAIDEN NAME Sally Hemsley 16. BIRTHPLACE (city or town) Carpornia (State or country)	Whet test confirmed diegnosis?
17. INFORMANT Jane Goldard (Address) California, had	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Johns Canadanyoate May 11, 1937	Manner of Injury
19. UNDERTAKER Vm C Mattingley (Address) Lonardown Ind	24. Wes diseese or injury in any way releted to occupetion of deceesed?
20. FILED NOV 10, 1937 Pf Ben Registrar.	(Signed) M. D. (Address) Great Mills, Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

state

ORD. Every item of infor-PHYSICIANS should

UNFADING INK-THIS IS A PERMANENT R supplied. AGE should be stated EXACTLY.

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Village or City Local above	No. 10. Registration Dist. No: 28 V
	If death occurred in a horpital or insuffution, give its NAME instead of street and number) s
(a) Residence: No. Ally Wood and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Heavened	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of OREYacidey Hebh	22. I HEREBY CERTIFY That I attended decaased tro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than I day,hrs.	i last saw h_lq_alive on \(\overline{Q}_{} \) i last saw h_lq_alive on \(\overline{Q}_{
8. Trada, protassion, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	were as tollows: Date of one Date of one Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
E 13. NAME alex Clarke	O Tourney Menus Max
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Wary Writkerson 16. BIRTHPLACE (city or town) And (State or country)	23. It death was due to external causes (VIDL ENCE) fill in also tha following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT Les & Comments (Address) Norcausen	Where dld injury occur? (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A. Data // 3 , 19-7	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 16/61 19 3 7 Cacalain Registrar.	(Signed) Agell (Gellale M. (Address) Loward Caldress Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of c	nset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 0 10.7	191	5	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEU	192	1	Run over by street car	1 week ago
Cerebral hemorrhage	July5,	1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1,	1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

12164

1. PLACE OF DEATH	
County Simonyo	Registration Dist. No. 287
Village or City Ridge me	No. St. Ward
to the first terms of the first	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME At her V.	sds. now long in U.S. If of foraign birth?yrsmosds.
(a) Residence: No. Pearl and	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH DOT 3 (Month) (Oay) (Year)
5a. If married, wildowed, or divorced HUSBANO of	(13)
(ar) Wife of Mon Vie	22. HEREBY CERTIFY, That I attended deceased from
Det 12 12/2	2 (198) to h - 3 (198)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw han alive on 100.3 , 19.5 ; death is said to have occurred on the data stated above, at 1.4 C.m.
58 78 Q to 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Oate of one of Oate of one of
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	treeth in a Show.
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. tndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the order of the occupation (months and	
SAW MILL, BANK, etc	
O. Date deceased last worked at this occupation (month and year) spent in this occupation	
A) 2	Othar Coutributary Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 180	
E / D	
(Stata or country)	Name of operation Date of
IS. MAIDEN NAME MON AND	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mong Codes 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country)	Whare did injury occur?
17. INFORMANT L	(Specify city or town, county and State) Specify whather Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Rige Inc	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Pilers Coury Oata M.D. 5 , 1927	Nature of injury
19. UNOERTAKER S. R. R. C.	24. Was disaase or injury in any way related to occupation of deceased?
20. FILEO 20 4 , 1937 J. O. M. Registrar.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second visit of the se	. 2 11		
Other contributory causes of importance:	The second secon	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County At Milere's	Registration Dist, No. 2-8
Village or City) Alexander death occurred fred 1	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. il of loreign birth?yrsmosds.
2. FULL NAME Addison Mills (a) Residence: No. Add (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5e. il married, widowed, or divorced HUSBAND of (or) WiFE ol	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, end year) Wikuom	i last saw h
7. AGE Yaars Months Days If LESS than I dey,h	1- 11- 11- 11- 11- 11- 11- 11- 11- 11-
9 Trade prolession or portionia	Date of oncet
SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was dona, as STIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and this population (months and this population).	afferently aprile I used
10. Date daceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Construction of the constr
13. NAME (MARMON)	
13. NAME 14. BIRTHPLACE (city or town) (Steta or country)	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Acceluration 16. BIRTHPLACE (city or town) (State or country)	23. il death wes due to external causes (VIOLENCE) fili in also the lollowing:
17. INFORMANT (Address)	Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL PISCE SELECTION DATE 11/18 195	Menner of injury
19. UNDERTAKER WWW Manual (Addrass) Clonard	24. Wes disease or injury in any way raiated to occupation of deceased?
20. FILED 1937 Registral	(Signad) Agrilla (Addrass) Alexandra (Addrass)

V. S. No. 1

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10 .- The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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O MARGIN RESERVED efully

> pluods OF

V. S. No. 1

USE

17. INFORMANT

19. UNOERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should County (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or lown where death occurred statement 2. FULL NAME JON. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) assified. 5a. if married, widowed, or divorced HUSBANO of 22. (or) WIFE of 5 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years Months If LESS than Days to have occurred on the date stated above, et..... I day,____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or_____nin. were as follows: 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may no 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that year) occupation ... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town)_____ Name of operation plain (State or country) MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ DE

_Date __

Registration Dist. No. How long in U.S. if of foreign birth?______yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended deceased from Oate of onset What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide?______ Date of Injury________19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify (Signed)

(Address)

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

of OCCUPA-

1. PLACE OF DEATH	(Ž)
County St. May	Registration Dist. No. 28-6
Village or City Coursely . u.c.	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MUCON	Muscle U.S. Veteran specify WAR
(a) Residence: No.	St.,Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19/, to 19
6. DATE OF BIRTH (month, day, and year) 11 - 30-37	Hast sew h
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, et
I dey,hrs	were as follows:
8 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decessed lest worked at this pocupation (month and this	Hulw
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc	
Shaurt III fuiz	5 wells
yeer) occupation	Other Castributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	- auchors
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Callucin Carres 16. BIRTHPLACE (city or town)	If daeth was due to axternel ceuses (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
2 (State or country)	Whare did injury occur?
17. INFORMANT. allow Imagle	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / try	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Dete Dete 193	Nature of injury
19. UNDERTAKER ALLOW Suade	24. Was disease or injury in eny way related to occupation of dacaased?
(Addrass)	If so, spacify
20. FILED 1/- 30 1957 12 16 Palmer	(Signad) 1 M V Julium M. D.
Registrar.	(Address) aren

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

should state

	F MARYLAN	-CERTIFICATE OF	DEATH 12168
1. PLACE OF DEATH		(8)	
county ST mony	3	R	egistration Dist. No. 281
Village or City Serve	eaul	No	St., Ward
Length of residence in city or town where de	eath occurredyrs	(If death occurred in a hospital or institution, gimesds. How long in U.S. If of forei	gn birth?ds.
2. FULL NAME Stie	2 Born	Kilsell	
(a) Residence: No. S	(Usual place of abode)	St., Ward.	f nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULAR		IFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	21. DATE OF DEATH	7 , 193 7 , nth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of marrie	e l	22. I HEREBY CE	ERTIFY, That I attended deceased from
a pure or over the same of the	0 9 10 25		, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LES	I last saw harman alive on	,19-; death is said
	1 day,	The state of the state of about	related causes of importance
8. Trade, profession, or particulare kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	one	Secre Bon a	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
50-1		Other Coutributory Causes of importance	
12. BIRTHPLACE (city or town) (State or country)	me		
13. NAME Toccyson, B. 14. BIRTHPLACE (city or town) Source	Rigere		
	ecure	Name of operation	Date of
(State or country)	me	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Mass Oliv	2. Cradpe	23. If death was due to external causes (V	IOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Sou	Accident, suicide, or homicide?	Date of injury, 19
17. INFORMAN may Des (Address)	en Regin		pecify city or town, county and State) STRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Somethics	Date 207, 10	Manner of injury	
19. UNDERTAKER J. R. A. A. (Address)	rece	24. Was disease or injury in any way rela	
20. FILED Nov 9 , 1927	Dept Jocal Res	(Signed) (Address)	Riste me

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Example 1	and the same of th	Example 11	
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Chronic interstitial nephritis 050 10 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V	. J. E.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH County S/Morns	(40)
	Registration Dist. No. 281
Village or City / Ce by e	No. St., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How tong In U.S. if of foreign birth?
2. FULL NAME Elra PAUTA	Shode
(1) ' (9 //
(a) Residence: No. (Usual Diace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Fecale are OR DiverceD (write the word)	107. 21 1937
a, tf marriad, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of NOW MOTHER	1 HEREBY CERTIFY, That I attended deceased fr
A THE REAL PROPERTY OF THE PARTY OF THE PART	193), to 20. 21, 193)
DATE OF BIRTH (month, day, and yaar) June 26, 1924	l last saw h alive on
AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, atm,
15 1 7 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPKNNER SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last workad at his consultant work and his consultant works are consultant with the consultant works and his consultant works are consultant works are consultant works and his consultant works are consultant works are consultant works and his consultant works are consultant works are consultant works and his consultant works are c	Caule Celegran Pecons,
9. todustry or businass in which	only line a few
work was dona, as SILK MILL, SAW MILL, BANK, atc	Secreto.
10. Date daceased last worked at 11. Total time (years)	
this occupation (month and spent in this year) occupation	
BIRTHPLACE (city or town) Rios	Other Contributory Causes of Importanca:
(State or country) Mul	
13. NAME Relian M. S. Thorts 14. BIRTHPLACE (city or town) S. Collace	
14. BIRTHPLACE (city or town) Screene	Name of operation Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Soffice Cree 16. BIRTHPLACE (city or town) Scale cane	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Scale	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Whare did Injury occur?
INFORMANDELLE aun Dr. Short	(Specify city or towo, couply and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ribye	
B. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place I Leviles Cellely Date 1207, 23, 193/	Nature of injury
9. UNDERTAKER E. J. Princer	24. Was disaase or injury in eny way related to occupation of deceased?
(Address) Dancener M	If so, specify
10. FILED 20 21 , 1937 9 0 4	(Signed) 1 D 7 Eures M
Registrar.	(Addrass) Rive le ml.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

TARGIN RESERVED

-WRITE PL

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		(P)	
County 3 +7 . 1 a-	ryo'	Registration Dist. No. 29	84
Village or City hear Mese	A curaciele (li	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. If of foreign birth? yrs. n	ward
2. FULL NAME Marie	(28	1 /	103
	12	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Mala Gol	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Boo 12- (Month) (Day)	_, 193_Z (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	<u> </u>	22. I HEREBY CERTIFY, Thet I attended	decassed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 8. Trade, profession, or particular	Days If LESS than I dey,	7 - 4	Z; death is said
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	hone.	acute Coleles	1300 4°
10. Date deceesed last worked et this occupation (month end yeer)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town).	Medanicil	Other Contributory Canses of importance:	
13. NAME Merror D 14. BIRTHPLACE (city or town)	Trug &	Porve devaloped!	
(State or country)	ud.	Name of operation Dete of What tast confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME	Jolson.	23. If death was due to externel ceuses (VIOLENCE) fill In elso the followin	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	mel	Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
17, INFORMANT Bassford (Address) Wie Ch	Chore	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bry else Gron	Data Nov 14, 197	Menner of injury	
19. UNDERTAKER Elines (Address)	Lunde !	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED Nov. 14., 19.3. 7. Al	A Tockson	(Signad) Line for delharma (Addrass) Laborate Lile had	M. D.
If more l	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	1111			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		,		